

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000117139

FILED
Apr 03, 2009
Secretary of State

Entity Name: LEGACY AT LELY RESORT, LLC

Current Principal Place of Business:

6389 LEGACY CIRCLE, SUITE 2101
NAPLES, FL 34113

New Principal Place of Business:

Current Mailing Address:

PO BOX 12169
NAPLES, FL 34101

New Mailing Address:

FEI Number: 26-3974059

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BATEMAN, ARTHUR L
6389 LEGACY CIRCLE, SUITE 2101
NAPLES, FL 34113 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BATEMAN, ARTHUR L
Address: 6389 LEGACY CIRCLE, SUITE 2101
City-St-Zip: NAPLES, FL 34113

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: DERSCH, JOYCE E
Address: 6389 LEGACY CIRCLE, SUITE 2101
City-St-Zip: NAPLES, FL 34113

Title: MGR () Change (X) Addition
Name: DERSCH, WILLIAM F
Address: 6389 LEGACY CIRCLE, SUITE 2101
City-St-Zip: NAPLES, FL 34113

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ARTHUR L. BATEMAN

MGR

04/03/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date